

Vernon County Emergency Management Residential Detailed Damage Assessment

Section I. Resident/Occupant Information

Last Name	First Name	M.I.	Mailing Address	City	State	Zip Code
Township, City, or Village of Residence			Evening Phone	Daytime Phone	Check One <input type="checkbox"/> RENT <input type="checkbox"/> OWN	

SECTION II. Property Owner/Landlord Information (IF DIFFERENT THAN OCCUPANT)

Name	Mailing Address	City	State	Zip	Home Phone	Work Phone
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Section III. Habitability/Displacement Information

Habitability	Displacement	Disposition
Is the residence habitable (safe and sanitary)? <input type="checkbox"/> YES (Skip this section) <input type="checkbox"/> NO (Complete this section) <small>Key Criteria: <u>SAFE AND SANITARY</u> Guidelines: Are conditions livable? Has disaster interrupted utility services such as water, sewer, power, heat/AC? Is the structure stable? Are there other circumstances that make it unsafe or unsanitary to continue living there?</small>	<input type="checkbox"/> Number of occupants displaced <input type="checkbox"/> Number of days occupants expect to remain displaced	<input type="checkbox"/> Staying with friends/relatives: Whom? _____ <input type="checkbox"/> Staying in Public Shelter: Where? _____ <input type="checkbox"/> Staying in hotel/motel: Name _____ <input type="checkbox"/> Relocated to/secured new temporary residence <input type="checkbox"/> Relocated to/secured new permanent residence <input type="checkbox"/> Still living in home that is not habitable (refer to human services agency) <input type="checkbox"/> Don't have a place to stay (refer to human services agency) <input type="checkbox"/> Other: _____ REFERRED TO:
Temporary Street Address, City, State, Zip		Temporary Phone Number

Section IV. Personal Property Losses

\$ Estimated <u>Uninsured</u> Personal Property Loss	Narrative Description
\$ Estimated <u>Insured</u> Personal Property Loss	Narrative Description
\$ <u>Unknown if insured</u> personal property loss	Narrative Description

Section V. Residential Damage

TYPE OF DAMAGE	ESTIMATE \$ AMOUNT "USE BEST GUESS"			INSURED?			NARRATIVE DESCRIPTION OF DAMAGE
	Yes	No	Unknown	Yes	No	Unknown	
Structural Damage to Home (exterior and interior)							
Furnace/Air Conditioner							
Water Heater							
Sewer/Septic System Water Utility/Well							
Clean/Sanitize Expense							
Replace Carpeting							
Access to Home (driveway/bridge, ramp, etc)							
Other							

The damaged property is: (check one):
 A primary/full-time residence;
 A Summer/Vacation Home or Cabin
 Other (explain: _____)

PLEASE COMPLETE THIS FORM AS SOON AS POSSIBLE AND DROP IT OFF AT THE VERNON COUNTY EMERGENCY MANAGEMENT OFFICE or YOUR LOCAL CLERK. DURING NORMAL BUSINESS HOURS.
MON – FRI 8:30AM TO 4:30PM
If you need more writing space, please staple or clip an additional sheet of paper to this form.